



Work Order (Bid Form)

WORK ORDER INFORMATION

Work Order Name:

Work Order Type: Weatherization

Audit Name: HENDERSON

CLIENT INFORMATION

Client Name:

Address:

Client ID:

Alt. Client ID: 16016SW-0541

AGENCY INFORMATION

Agency: SWHRA

Agency Phone: (731) 989-5111

Address: 1574 White AVE

Fax:

Henderson, TN

Email Address:

Agency Contact: STANFILL, BUTCH

Work Phone:

Cell Phone:

Email Address:

Company Name & License Number: _____

Contractor's Signature: _____

COMMENT

NOTICE:

All work performed and material must meet all requirements as stated in the Southeast Weatherization Field Guide. It is the contractor's responsibility to pull all necessary permits required for the town or county where the work is being performed. No change order work shall be done until the change order has been approved and signed. If heater is required no air sealing should be done before heater is installed.

731-968-3890

Measures

Measure 1 Infiltration Redctn				Components						Inspected
Comment										<input type="checkbox"/>
				Estimated			Actual			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total	
1	Construction Materials/Hardware	Seal front bedroom wall to floor pay close attention to floor at Ac	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
2	Labor	Labor	Hour		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
3	Construction Materials/Hardware	Front bedroom seal door jam,crown molding, Kitchen pantry seal all windows and floor under sink	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
4	Labor	Labor	Hour		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
5	Construction Materials/Hardware	Kitchen pantry seal crown molding and baseboard, Seal fuse box	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
6	Labor	Labor	Hour		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
7	Construction Materials/Hardware	Bath Seal wall to floor,Seal crown molding and ceiling behind shower	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
8	Labor	Labor	Hour		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
9	Construction Materials/Hardware	Seal plumbing behind washer and dryer, Dinning room seal crown molding and baseboard. Back bedroom seal inside of closet and crown molding and baseboard	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
10	Labor	Labor	Hour		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
11	Construction Materials/Hardware	Rehang D2. weather-strip D1,D2 and D3	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
12	Labor	Labor	Hour		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
13	Construction Materials/Hardware	Caulk all windows	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

14 Labor Labor Hour

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total: Sub Total:

Field Notes:

Measure 2 DWH Pipe Insulation

Components

Inspected

Comment

☐

Estimated

Actual

#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	DHW Pipe Insulation	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total: Sub Total:

Field Notes:

Measure 3 DWH Tank Insulation**Components****Inspected****Comment**☐

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Hot Water Equipment	DHW Tank Insulation	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:****Measure 4 CO Monitor is Needed****Components****Inspected****Comment**☐

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety Items	CO monitor	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Hour	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:**

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Measure 5 Fix Any Other Heating System Problem Components**Inspected****Comment** Remove any non-vented heaters that do not have a oxygen depletion sensor☐

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety Items	Counter FloW Direct Vent 50-55 KBTU Natural gas heater	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Hour	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:****Measure 6 PressureRelief Piping Needed Components****Inspected****Comment**☐

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety Items	Pressure relief piping	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Hour	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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**Measure 7 Vapor Barrier Needed
(Basement/Crawlspace)**

Components

Inspected

Comment

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety Items	Basement / crawlspace vapor barrier	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Hour	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:

Sub Total:

Field Notes:

Work Order Grand Total:

Grand Total:

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